

10/12/21 10962 U PTO		UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	LUD-5752	
				First Inventor or Application Identifier		
				Jean-Christophe RENAULD et al		
				Title ISOLATED CYTOKINE RECEPTOR LICR-2		
				Express Mail Label No. EL649538255US		
APPLICATION ELEMENTS				ADDRESS TO Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		
See MPEP chapter 600 concerning utility patent application contents.						
1. <input checked="" type="checkbox"/>	*Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)			6. <input type="checkbox"/>	Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/>	Specification <i>(preferred arrangement set forth below)</i>	Total Pages	34	7. <input type="checkbox"/>	Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
	- Descriptive title of the Invention			a. <input type="checkbox"/>	Computer Readable Copy	
	- Cross References to Related Applications			b. <input checked="" type="checkbox"/>	Paper Copy (identical to computer copy)	
	- Reference of Microfiche Appendix			c. <input type="checkbox"/>	Statement verifying identity of above copies	
	- Background of the Invention			ACCOMPANYING APPLICATION PARTS		
	- Brief Summary of the Invention			8. <input type="checkbox"/>	Assignment Papers (cover sheet & document(s))	
	- Brief Description of the Drawings (if filed)			9. <input type="checkbox"/>	37 C.F.R. §3.73(b) Statement <i>(when there is an assignee)</i>	<input type="checkbox"/> Power of Attorney
	- Detailed Description			10. <input type="checkbox"/>	English Translation Document (if applicable)	
	- Claim(s)			11. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
	- Abstract of the Disclosure			12. <input type="checkbox"/>	Preliminary Amendment	
3. <input type="checkbox"/>	Drawing(s) (35 U.S.C. 113)	Total Sheets		13. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
				14. <input type="checkbox"/>	*Small Entity Statement(s)	<input type="checkbox"/> Statement filed in prior application, Status is proper and desired
4. <input checked="" type="checkbox"/>	Oath or Declaration	Total Pages	3			
	a. <input checked="" type="checkbox"/>	Newly executed (original or copy)			15. <input type="checkbox"/>	Certified Copy of Priority Document(s)
	b. <input type="checkbox"/>	Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i>			16. <input checked="" type="checkbox"/>	Other: Check For Filing Fee
	i. <input type="checkbox"/>	DELETION OF INVENTOR(S)	Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b)			

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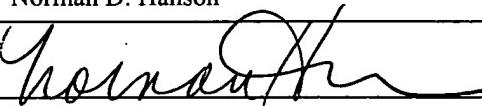
Complete if known		
FEE TRANSMITTAL	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	Jean-Christophe RENAULD
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	LUD-5752

FEE CALCULATION

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$370.00
TOTAL CLAIMS	37- 20 =	17	x 9.00	\$153.00
INDEPENDENT CLAIMS	4- 3 =	1	x 42.00	\$ 42.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$260/130.00	■■■■■
			TOTAL FEES	\$565.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 50-0624 in the amount of \$ _____
- A check for \$565.00 is enclosed to cover the cost of the Application filing fee.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:			Complete (if applicable)
Typed or Printed Name	Norman D. Hanson		Reg. No. 30,946
Signature		Date: December 21, 2001	Deposit Account No. 50-0624

*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

5. Incorporation By Reference (Circle if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/>	Continuation	<input type="checkbox"/>	Divisional	<input type="checkbox"/>	Continuation-in-part (CIP)	of prior application No:	
Prior application information:			Examin er:	Group / Art Unit:			

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/>	Customer Number or bar code label	24972			or	<input checked="" type="checkbox"/>	Correspondence address below
			(Insert Customer No. or Attach bar code label here)				
Name	-----						
	Fulbright & Jaworski LLP						
Address	666 Fifth Avenue						
City	New York	State	New York	ZIP Code	10103		
Country	USA	Telephone	212-318-3000	Fax	212-318-3400		
Name (Print/Type)	Norman D. Hanson			Registration No. (Attorney/Agent)	30,946		
Signature					Date	December 21, 2001	